

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039171

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 301A Registrar's No. 517

FILED NOV 15 1963

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb 5 days		d. STREET ADDRESS (If outside, give location) R. F. D. # 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle F. Last Busch			4. DATE OF DEATH Month November Day 8 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/28/1888	9. AGE (last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo. U.S.A.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Jake Busch			
13b. MOTHER'S MAIDEN NAME Henrietta Miller		14. NAME OF HUSBAND OR WIFE Pauline Busch			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Raymond Busch-Cape Girardeau, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laennec's Cirrhosis Liver DUE TO (b) Chr. Alcoholism DUE TO (c) 5 yrs +		INTERVAL BETWEEN ONSET AND DEATH 5 yrs +
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I, (a) Pyelonephritis & Coronary Artery Disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 1:00 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nov. 4-1963, Nov. 8-1963	20f. CITY, TOWN, OR LOCATION Cape Girardeau, Mo.	COUNTY	STATE
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21. I attended the deceased from Nov. 4-1963 , to Nov. 8-1963 and last saw him alive on 11-8-63 Death occurred at 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) William J. Oehler M.D.	22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 11/11/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/12/1963	23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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24. FUNERAL DIRECTOR L. L. Haman-Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG. 11-13-63	26. REGISTRAR'S SIGNATURE Gene Kasten
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. Oehler

NOV 19 1963

DEC 4 1963

NOV 21 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.